L22000158465

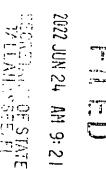
(Re	questor's Name)	
	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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A. BUTLER SEP 18 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	3	MODI-CO, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Piease return all correspond		-	
		C	
		OMAR MODESTO DIAZ	
		Name of Person	
		MODI-CO, LLC	
		Firm/Company	
3626 STAGHORN AVE			
Address NORTH PORT, FL 34286 City/State and Zip Code			
		- -	
		DMARZO@GMAIL.COM	
		to be used for future annual report not	(fication)
For further information con	cerning this matter, please co	ıll:	
OMAR M	ODESTO DIAZ	941 599-0323 at ()	
Name of P	erson	at () Area Code Daytin	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Sc	ection
Division of Cor		Division of Corporations	
P.O. Box 6327 Tallahassee, FL	37314	The Centre of 7	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MODI-CO		2022 JUN 24	AM 9:21
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	on our records.)	
		2506 110/hC	Ur STATE SEE, FI
The Articles of Organization for this Limited Liability Compar	ny were filed on	24/01/2020	and assigned
Florida document number L22000158465			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
			·
B. If amending the registered agent and/or registered office	e address on our re	cords, enter the name of	the new regist
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	·
	City	7	ip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag	gree to act in this c	apacity. I further agree	to comply with
provisions of all statutes relative to the proper and comple	te performance of i	ny duties, and I am fami	liar with and

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	MOISES MATA-MENDEZ	3626 STAGHORN AVE	
		NORTH PORT, FL 34286	
			□Change
MBR	VALERIE A. SALAZAR-AYALA	3626 STAGHORN AVE	■Add
		NORTH PORT, FL 34286	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
,			□Add
		<u>-</u>	□Remove
			Change
			\ _Add
			□Remove
			Change

If amending any oth	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 -	
-	
(If an effective date is liste Note: If the date inse	her than the date of filing: (optional) ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 erted in this block does not meet the applicable statutory filing requirements, this date will not be listed date on the Department of State's records.
he record specifies a de ord is filed.	clayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE 20	. 2022
./	
	Signature of a member or authorized representative of a member
	OMAR MODESTO DIAZ
	Typed or printed name of signee

Filing Fee: \$25.00